



Nebraska's Medicaid Managed Care Program

Member Guidebook

Visit us online:
www.neheritagehealth.com

Call for free:
1-888-255-2605; TTY/TTD:711
Monday-Friday 7:00am-7:00pm Central Time
Interpretation Services Available

Hay información en español.
¡Servicio de intérprete gratis!
Llame al 1-888-255-2605 (TTY/TTD 711).

Keep this Member Guidebook for future use.

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All information can be interpreted in any language at no cost.
1-888-255-2605 TTY/TTD: 711

Welcome to Heritage Health

Heritage Health is the new Medicaid Managed Care program. It gives you one health plan for your physical health, behavioral health, and medicines. It also offers extra benefits and services. Heritage Health has three different health plan options:

- ***Nebraska Total Care***
- ***UnitedHealthcare Community Plan of Nebraska***
- ***WellCare of Nebraska***

You can choose the health plan that best fits you and your family's needs.

Choose a Plan

It's easy to choose your health plan!

Online:

You may enroll online at: www.neheritagehealth.com

Call:

We are open 7am-7pm central time, Monday through Friday.

Call us at 1-888-255-2605

TTY/TTD users ONLY call 711

Please have these things ready for the person you are calling about:

Name, address, and date of birth

The Medicaid ID number, Social Security number, or PIN for the person you are calling about.

Mail:

If you know which health plan you want, fill out the enrollment form included within this packet. You can mail it in the envelope provided to:

Heritage Health Enrollment Center

9370 McKnight Road, Suite 300

Pittsburgh, PA 15237

Fax:

Instead of mailing, you may fax your completed enrollment form to 1-800-852-6311.

Choose a Primary Care Provider

If you enroll online or by phone, you can pick a Primary Care Provider (PCP) when you pick your health plan.

If you enroll by mail or fax, your new plan will send you a member handbook. It will have instructions on how to pick a PCP. It will also answer any questions you may have about your plan.

Health Plan Benefits

All Heritage Health plans offer the same health care services. This is not a complete list of services. Your health plan will send you the full list of services.

- Doctor visits
- Prescriptions
- Hospital
- Mental health
- Emergency room visits
- Vision and glasses
- Medical supplies and durable medical equipment
- Chiropractic visits
- Skilled nursing
- Family planning
- HEALTH CHECK/EPSTD
- Physical, occupational, and speech therapy
- Hearing and hearing aids
- X-rays and lab work
- Home health
- Dialysis
- Hospice
- Birthing center
- Transplants
- Substance abuse treatment

Services not Covered by your Health Plan

There are other services that your health plan does not cover, but that Medicaid still covers. THE SERVICES LISTED BELOW ARE STILL AVAILABLE TO YOU:

- Dental services
- Non-Emergency Transportation
- Personal Assistance Services (PAS)
- Long Term Care
- Home and Community Based Waiver Services (HCBS) for those who are eligible

How to use your Medicaid ID card

- You must bring your Medicaid ID card with you to every doctor appointment and everywhere you receive medical care.
- You will also receive an ID card from your health plan.

BE SURE TO BRING BOTH CARDS TO EVERY DOCTOR APPOINTMENT.

You must present your Medicaid ID card and your health plan ID card wherever you receive medical care.

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How do I get care?

- Your medical professional is your Primary Care Provider, or PCP
- If you get sick or need a checkup, call your PCP. If your family member is sick or needs a checkup, call their PCP
- If you cannot keep the appointment, you need to call your PCP's office and tell them
- It is very important to call your PCP at least 24 hours in advance if you need to cancel the appointment
- If you cancel an appointment, make arrangements with your PCP for a new appointment
- If you need to see a specialist, talk with your PCP first
For example: If your child needs to see an ear doctor, your child's PCP will recommend which ear doctor you should take your child to
- The providers you see must be in the health plan network you have chosen
Exception: You may go to any family planning provider but they must accept Medicaid

Emergency/Urgent Care

An emergency is a time when your life is in danger. Or, it can be something that happens that could cause permanent disability if not treated immediately. If you are having an emergency, call 911 or go to the closest emergency room. You can get emergency services whether or not they are in your health plan network.

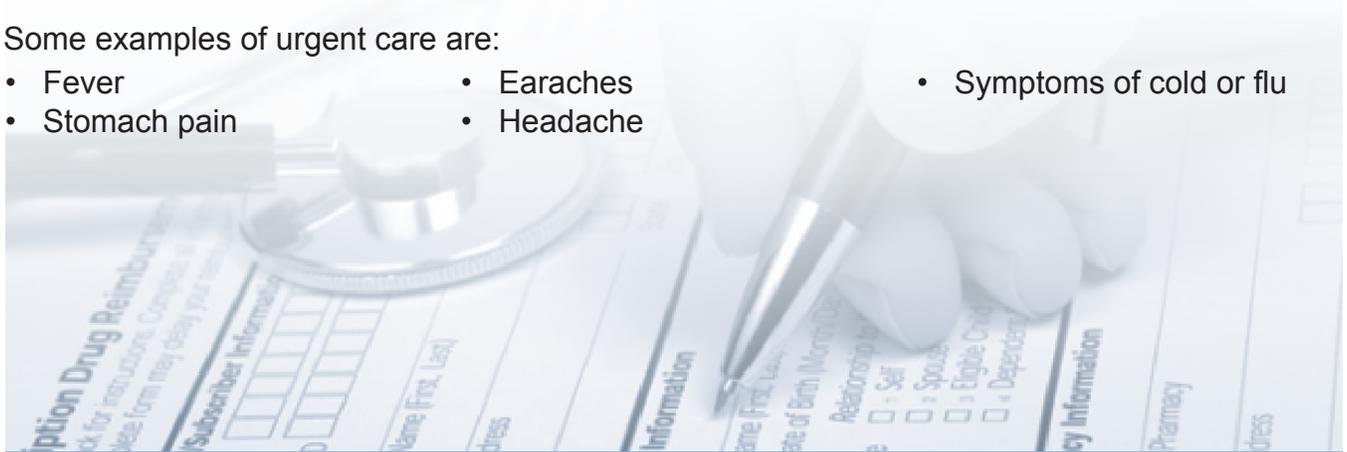
The following are examples of emergencies:

- A serious accident
- Stroke
- Severe burns
- Poisoning
- Severe bleeding
- Difficulty breathing
- Chest pains

You should use urgent care when your life is not in danger and you have time to call your PCP. If you need urgent care, call your PCP to get instructions. You can call your PCP 24 hours a day, 7 days a week.

Some examples of urgent care are:

- Fever
- Earaches
- Symptoms of cold or flu
- Stomach pain
- Headache



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How to Receive Medical Transportation Services

You can get transportation if you cannot get to and from the medical professional's office and pharmacy. You can call IntelliRide at 1-844-531-3783 to set up transportation. You need to call at least three (3) business days before your appointment to schedule a ride.

Grievances

A grievance is a complaint about access to care, quality of care, or problems communicating with your health plan or PCP. If you have a grievance about your health care, contact member services at your health plan and work through their grievance process. Refer to your member handbook from your health plan on how to contact them. You can file a grievance by phone or in writing.

Appeals

An appeal is when you ask for a formal hearing when you do not agree with a decision made by your health plan. You have the right to appeal when your health plan:

- Denies a service approval request
- Does not approve a service in an amount, length of time, or scope that you requested
- Suspends, reduces, discontinues, or terminates services

You also have a right to file an appeal if you do not agree with a decision made by your health plan. Your health plan must send you a notice in the mail when they do anything listed above.

Requesting an appeal with your health plan:

- Contact a member representative from your health plan by phone or mail
- The member handbook from your health plan tells you how to file an appeal
- You have ninety (90) days from the date on your notice of action to request a hearing
- In cases where the health plan is required to send you timely and adequate notice, if you request an appeal hearing within ten (10) days following the date of the notice, the plan must continue your services
- You may represent yourself at this hearing or be represented by another person

Requesting a State Fair Hearing:

- You can request a State Fair Hearing after your appeal to the health plan has been finalized
- You must send the appeal request for a State Fair Hearing in writing.
- Send your appeal request to:

DHHS Hearing Office
P.O. Box 98914
Lincoln, NE 68509-8914

- You have 90 days from the date on the notice of action to request a State Fair Hearing
- Once you have filed the appeal request for a State Fair Hearing, a hearing will be scheduled and you will be notified of the time and place
- You may represent yourself at this hearing or be represented by another person

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Federally Qualified Health Centers

In addition to other health care providers, there are eight (8) Federally Qualified Health Centers (FQHCs) in Nebraska. These centers have a lot of different preventive and primary health care services. Staff who work at the centers are doctors, nurse practitioners, physician assistants, nurses and health educators.

Services you can get at these centers are:

- Well-Child Care & Immunizations (shots)
- Women's Health Exams
- Primary Health Care
- Urgent Care
- Family Planning
- WIC
- Breast & Cervical Cancer Screening
- School & Sports Physical Exams
- Minor Surgical Procedures
- Interpretation Services
- Women's Health Education
- Pregnancy Testing & Counseling
- STD Checks & Education
- Anonymous HIV Testing
- Laboratory Testing
- Diabetic Education
- Referrals for Specialty Care
- Nutrition Counseling
- Referrals to Community Services

The FQHCs you can use are:

Columbus

GOOD NEIGHBOR COMMUNITY HEALTH CENTER- (402) 562-8955

Gering

COMMUNITY ACTION PARTNERSHIP OF WESTERN NEBRASKA- (308) 635-3089

Lincoln

NEBRASKA URBAN INDIAN MEDICAL CENTER - (402) 434-7177

PEOPLE'S HEALTH CENTER - (402) 476-1455

Norfolk

MIDTOWN HEALTH CENTER - (402) 371-8000

Omaha

CHARLES DREW HEALTH CENTER - (402) 457-1200

ONE WORLD COMMUNITY HEALTH CENTERS - (402) 734-4110

Plattsmouth

CASS FAMILY MEDICINE- (402) 296-2345

Check with each clinic individually for office hours, making appointments, and how to contact a medical professional after hours.



Frequently Asked Questions

Q: What if I do not choose a health plan?

A: If you do not choose a health plan by the date stated in your letter, one will be chosen for you. This is called an Auto Assignment. Your packet includes your health plan options, the timeframe you have to choose, as well as the start date of your health plan. Keep in mind that you will have 90 days to change your selected plan from the listed start date.

Q: Can I change my health plan?

A: After your health plan begins you will have 90 days to change it. After that 90-day timeframe, you may only change your health plan during the Open Enrollment period.

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Q. Can I change my PCP?

A. You may change your primary care provider at any time. You will need to contact your health plan to do so.

Q. What is open enrollment?

A. Open Enrollment is the period when members can change plans without State approval. Open Enrollment occurs annually towards the end of each calendar year. You will receive reminder letters alerting you of these time periods.

Q: What if I need to change my health plan outside the Open Enrollment period?

A: Plan transfers made outside of the Open Enrollment period will only be granted if the State approves a “for-cause” reason.

Q: What is “for-cause”?

A: This is a State-approved reason to change plans outside your Open Enrollment period. Some examples of “for-cause” reasons are poor quality of care given by your medical provider (e.g., not enough treatment for a medical condition, refusal to give referrals for a second opinion), lack of access to covered medical services and lack of access to medical providers.

Q: I am on Nebraska Medicaid (fee-for-service). I received a letter that stated I must choose a health plan. Can I choose to stay on fee-for-service Medicaid?

A: No. You will need to select a new health plan.

Q: I have a special health care need. Are there special plans that will cover my needs?

A: All health plans cover people with special health care needs. You get to choose the health plan that best meets your individual and your family’s needs.

Q: I am pregnant and on Medicaid. How do I enroll my baby in my health plan?

A: Your baby is pre-enrolled in your health plan during prenatal care. After the birth of your baby, if you would like to select a different health plan for the baby, call the Heritage Health Enrollment Center within 90 days of birth to speak with a Choice Counselor.

Q: If I move, do I have to switch to a new health plan?

A: Your health plan is state-wide and will not change if you move within Nebraska. As a reminder, if you move you need to contact ACCESSNebraska to report your change of address.

Q: Can I still see the same medical professional?

A: Each plan has its own network of providers, which may include your current providers. If you need assistance searching through their networks, contact a Choice Counselor.

Q. How do I get materials if I don’t have access to the Website?

A. All materials are mailed out but if you have misplaced your Enrollment materials, reach out to a Choice Counselor at 1-888-255-2605. We will be happy to assist you.

Rights and Responsibilities

As a Heritage Health Member, you have the right to:

- Be treated with respect, dignity and privacy without discrimination or retaliation
- Get information about your illness or medical condition
- Understand the treatment options, risks, and benefits
- Make informed decisions about whether or not you will receive treatment
- Make decisions about your health care including the right to refuse treatment
- Talk with your medical professional and health plan and know your medical information will be kept confidential
- Choose a medical professional as your primary care provider (PCP), which may be a Nurse Practitioner or Physician Assistant
- Have access to your PCP and health plan
- Receive medical care in a timely manner
- Request a copy of your medical record and request changes to your medical record
- Make a complaint about your medical professional and/or health plan and receive a timely response
- Receive information on the medical services provided by your health plan
- Change your PCP at any time
- Change your health plan within 90 days of initial enrollment or during open enrollment each year
- Have Managed Care and health plan materials explained if you do not understand them
- Have interpreters at no cost, if necessary, during medical appointments and in all discussions with your PCP or health plan
- Request an appeal if services are denied, terminated, or reduced
- Make advance directives, if desired, and receive assistance if needed
- Receive proper medical care 24 hours a day, 7 days a week

When you are in a Department of Health and Human Services program, you may not be subject to discrimination on basis of:

- Race
- Color
- Sex
- Age
- National origin
- Religious beliefs
- Political beliefs
- Handicap



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As a Heritage Health member, you have the responsibility to:

- Understand, to the best of your ability, how Heritage Health is used to receive health care
- Keep your scheduled appointments with your medical professional
- Call your medical professional's office at least 24 hours in advance if your appointment must be rescheduled
- Tell your medical professional your medical problems
- Ask questions if you do not understand
- Follow your medical professional's orders and advice
- Assist in the transfer of your medical records
- Get services from your primary care provider unless referred elsewhere
- Report to ACCESSNebraska if your address has changed, you are or become pregnant or any other changes that could affect your Medicaid eligibility or Heritage Health coverage
- Cooperate with all Heritage Health inquiries and surveys
- Choose providers who participate in the health plan you choose



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Contact Information

Heritage Health Enrollment Center

1-888-255-2605

TTY/TDD, call 711

www.neheritagehealth.com

IntelliRide

1-844-531-3783

www.iridenow.com/home/nebraska.aspx

Nebraska Medicaid Eligibility Helpline

ACCESSNebraska toll free at 855-632-7633; 402-473-7000 (Lincoln) or 402-595-1178 (Omaha).

TTDD: 402-595-1178

www.accessnebraska.ne.gov

Social Security Administration

1-800-772-1213

TTY: 1-800-325-0778

www.ssa.gov/agency/contact

Women, Infants and Children (WIC) Program

402-471-2781 or toll free at 1-800-942-1171

www.dhhs.ne.gov/wic

If you need materials in alternative formats and communication modes, please contact the Heritage Health Enrollment Center.

Key Terms

Auto Assignment: If someone does not pick a health plan or PCP, the auto assignment process picks a plan for the person.

Choice Counseling: The way Heritage Health answers questions and gives information on how to pick a health plan.

Enrollee: A person who has Medicaid and is who has not yet picked a plan.

Enrollment: The way an enrollee/member chooses a health plan.

For-cause: An approved reason to change your plan outside Open Enrollment.

Heritage Health: Nebraska Medicaid's Managed Care Program.

Member: A Medicaid enrollee who is now enrolled with a Heritage Health plan.

Primary Care Provider: A medical professional chosen by the member to provide health care
(*Note: if you do not select a PCP, one will be chosen for you*)

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